



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 204141	NAME OF AGENCY MISSOURI STATE HIGHWAY PATROL	DATE OF INSPECTION 03-03-13
LOCATION OF INSTRUMENT (STREET AND CITY) 104 W. MAIN, WARRENTON, MO 63383		TIME OF INSPECTION 0824

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 03-13-13 0828
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 48 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER GUTH LABORATORIES INC LOT # 11220 EXP. DATE 10-24-13
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN G6825 EXP. DATE 01/14/2014

☒ **CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 097	TEST 2 098	TEST 3 098
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0	(0-.04) 0	(.05-.09) 0	(.10-.14) 4	(.15-.19) 0	OVER .19 0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER	
SIGNATURE CPL. JEFFREY SCOTT GRAUE	PRINT FULL NAME CPL. JEFFREY SCOTT GRAUE
TYPE II PERMIT NUMBER/EXPIRATION DATE 220149 06/26/2014	TELEPHONE NUMBER (636) 300-2800

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

**GUTH LABORATORIES, INC.**

600 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **11220** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **October 27, 2011**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1205%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 24, 2013** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm 0.2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number **FN102408-02** whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 284141
03/03/13

ARREST TIME: 07:00
SUBJECT NAME:
X
DOB: 01/01/66 SEX: M
STATE/D.L.: MO/123456
ARRESTING OFFICER:
X
OFFICER I.D.: X
TESTING OFFICER:
GRAVE/J/S
OFFICER I.D.: 154
PERMIT NUMBER: 220149
EXPIRATION DATE: 06/26/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	08:47
INTERNAL STANDARD	VERIFIED	08:47
--- RADIO INTERFERENCE		

Operator Signature

A handwritten signature in black ink, appearing to be "Al [unclear] 154", written over a horizontal line.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204141
03/03/13

TESTING OFFICER:

GRANUE/J/S
OFFICER I.D.: 154
PERMIT NUMBER: 220149
EXPIRATION DATE: 06/26/14
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

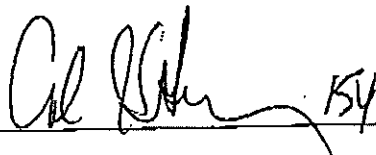
BLANK TEST	.000	08:39
INTERNAL STANDARD	VERIFIED	08:39
EXTERNAL STANDARD	.097	08:39
BLANK TEST	.000	08:40
EXTERNAL STANDARD	.098	08:41
BLANK TEST	.000	08:41
EXTERNAL STANDARD	.098	08:42
BLANK TEST	.000	08:42

N = 3

SIM. = .1

AVG. = .0976

Operator Signature

A handwritten signature in black ink, appearing to be 'Cal [unclear]', written over a horizontal line. To the right of the signature, the number '154' is handwritten.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204141
03/03/13
08:28

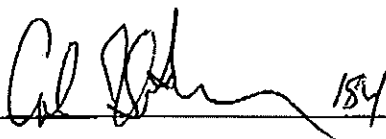
--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 48c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHI
JKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~

Operator Signature

184

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



J S GRAUE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 06/26/2012

Number 220149

Expires 06/26/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)